




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER DEN-61
July 2002

TO: Dental Providers Participating in MassHealth
FROM: Wendy E. Warring, Commissioner 
RE: *Dental Manual* (Dental HCPCS)

The federal government has revised the HCFA Common Procedure Coding System (HCPCS) for MassHealth billing.

This letter transmits changes for your provider manual that contain the new and revised codes. The revised Appendix E is effective for dates of service on or after April 30, 2002. The new codes introduced under the 2002 HCPCS code book are effective for dates of service on or after April 30, 2002. We will accept either the new or old codes for dates of service through July 28, 2002. For dates of service on or after July 29, 2002, you must use the new codes to receive payment.

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. The Division of Health Care Finance and Policy also has the regulations available on disk. The regulation titles for dental services listed on the attached pages are 114.3 CMR 16.00: Surgery and Anesthesia Services and 114.3 CMR 18.00: Radiology.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

NEW MATERIAL

(The pages listed here contain new or revised language.)

Dental Manual

Pages E-1 through E-28

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Dental Manual

Pages E-1 through E-28 — transmitted by Transmittal Letter DEN-57

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series DENTAL MANUAL	SUBCHAPTER NUMBER AND TITLE APPENDIX E: ORAL SURGERY SERVICE CODES AND DESCRIPTIONS	PAGE E-1
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The **all-numeric** service codes that are listed in this appendix may be used when providing services to members in all categories of assistance, including category 4 (EAEDC), and may only be used by oral and maxillofacial surgeons who have submitted proof of certification to the Division. **The alphanumeric codes in Sections 621, 622, and 623** may not be used for services provided to category 4 members, with the exception of Service Codes D7999, X2098, and X2099.

620 Service Codes and Descriptions: Medical Services

Service

Code Service Description

OFFICE OR OTHER OUTPATIENT SERVICES

New Patient

- 99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components (does not include dentoalveolar diagnosis):
- an expanded problem focused history;
 - an expanded problem focused examination; and
 - straightforward medical decision making

Established Patient

- 99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components (does not include dentoalveolar diagnosis):
- a problem-focused history;
 - a problem-focused examination; and
 - straightforward medical decision making

INITIAL HOSPITAL CARE

New or Established Patient

- 99221 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components:
- a detailed or comprehensive history;
 - a detailed or comprehensive examination; and
 - medical decision making that is straightforward or of low complexity
- 99222 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of moderate complexity
- 99223 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of high complexity

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620 Service Codes and Descriptions: Medical Services (cont.)

Service

Code Service Description

SUBSEQUENT HOSPITAL CARE

- 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
- a problem-focused interval history;
 - a problem-focused examination;
 - medical decision making that is straightforward or of low complexity
- 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
- an expanded problem-focused interval history;
 - an expanded problem-focused examination;
 - medical decision making of moderate complexity
- 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
- a detailed interval history;
 - a detailed examination;
 - medical decision making of high complexity

INITIAL INPATIENT CONSULTATIONS

New or Established Patient

- 99251 Initial inpatient consultation for a new or established patient, which requires these three key components:
- a problem-focused history;
 - a problem-focused examination; and
 - straightforward medical decision making
- 99252 Initial inpatient consultation for a new or established patient, which requires these three key components:
- an expanded problem-focused history;
 - an expanded problem-focused examination; and
 - straightforward medical decision making
- 99253 Initial inpatient consultation for a new or established patient, which requires these three key components:
- a detailed history;
 - a detailed examination; and
 - medical decision making of low complexity
- 99254 Initial inpatient consultation for a new or established patient, which requires three key components:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of moderate complexity

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620 Service Codes and Descriptions: Medical Services (cont.)

Service

Code Service Description

- 99255 Initial inpatient consultation for a new or established patient, which requires these three key components:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of high complexity

FOLLOW-UP INPATIENT CONSULTATIONS

Established Patient

- 99261 Follow-up inpatient consultation for an established patient, which requires at least two of these three key components:
- a problem-focused interval history;
 - a problem-focused examination;
 - medical decision making that is straightforward or of low complexity

EMERGENCY DEPARTMENT SERVICES

New or Established Patient

- 99281 Emergency department visit for the evaluation and management of a patient, which requires these three key components:
- a problem-focused history;
 - a problem-focused examination; and
 - straightforward medical decision making
- 99282 Emergency department visit for the evaluation and management of a patient, which requires these three key components:
- an expanded problem-focused history;
 - an expanded problem-focused examination; and
 - medical decision making of low complexity
- 99283 Emergency department visit for the evaluation and management of a patient, which requires these three key components:
- an expanded problem-focused history;
 - an expanded problem-focused examination; and
 - medical decision making of moderate complexity
- 99284 Emergency department visit for the evaluation and management of a patient, which requires these three key components:
- a detailed history;
 - a detailed examination; and
 - medical decision making of moderate complexity

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620 Service Codes and Descriptions: Medical Services (cont.)

Service

Code Service Description

- 99285 Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of high complexity

621 Service Codes and Descriptions: Endodontic Services

See 130 CMR 420.426, 420.437, and 420.447 for limitations.

Service

Code Service Description

Periapical Services

- D3410 Apicoectomy/periradicular surgery—anterior (per tooth) (includes retrograde filling) (P.A.)
D3421 Apicoectomy/periradicular surgery—bicuspid (first root) (P.A.)
D3426 Apicoectomy/periradicular surgery (each additional root) (P.A.)
X2104 Apicoectomy with root-canal filling (same visit) (P.A.) (I.C.)

622 Service Codes and Descriptions: Exodontic Services

See 130 CMR 420.429, 420.439, and 420.449 for limitations.

Service

Code Service Description

Extractions (including local anesthesia, suture removal, and routine postoperative care)

- D7110 Extraction—single tooth
D7120 Extraction—each additional tooth
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220 Removal of impacted tooth—soft tissue (P.A.)
D7230 Removal of impacted tooth—partially bony (P.A.)
D7240 Removal of impacted tooth—completely bony (P.A.)

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623 Service Codes and Descriptions: Oral and Maxillofacial Surgical Services

Service

Code Service Description

Introduction

- D7280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments) (P.A.)
- D7281 Surgical exposure of impacted or unerupted tooth to aid eruption (for orthodontic purposes) (P.A.)

Surgical Procedures

- D7310 Alveoplasty in conjunction with extractions—per quadrant
- D7320 Alveoplasty not in conjunction with extractions—per quadrant (P.A.)
- D7340 Vestibuloplasty—ridge extension (second epithelialization) (P.A.)
- D7350 Vestibuloplasty—ridge extension (including soft-tissue grafts, muscle reattachments, revision of soft-tissue attachment, and management of hypertrophied and hyperplastic tissue) (P.A.)
- D7430 Excision of benign tumor—lesion diameter up to 1.25 cm
- D7431 lesion diameter greater than 1.25 cm
- D7450 Removal of odontogenic cyst or tumor—lesion diameter up to 1.25 cm
- D7451 lesion diameter greater than 1.25 cm
- D7460 Removal of nonodontogenic cyst or tumor—lesion diameter up to 1.25 cm
- D7461 lesion diameter greater than 1.25 cm
- D7471 Removal of exostosis—per site (P.A.)
- D7960 Frenulectomy (frenectomy or frenotomy)—separate procedure (P.A.)
- D7970 Excision of hyperplastic tissue—per arch (P.A.)

Suture

- X2001 Control of secondary oral or nasopharyngeal hemorrhage in hospital by consultant
- X2002 Control of secondary oral or nasopharyngeal hemorrhage in hospital by operating surgeon

Unlisted Procedures

- D7999 Unspecified oral surgery procedure, by report (P.A.) (I.C.)
- X8000 Unspecified oral surgery procedure, emergency, by report (I.C.)
- 41899 Unlisted procedure, dentoalveolar structures (I.C.)

Other Procedures

- D9110 Palliative (emergency) treatment of dental pain—minor procedure
- D9930 Treatment of complications (postsurgical)—unusual circumstances, by report (I.C.)

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623 Service Codes and Descriptions: Oral and Maxillofacial Surgical Services (cont.)

Service

Code Service Description

Oral Screenings

Oral screenings include but are not limited to: initial examination, consultation, salivary flow measurement, oral hygiene evaluations and instructions, construction of fluoride trays, fluoride treatments, follow-up examinations, follow-up salivary evaluations, and requests from referring doctors. Oral screening services are reimbursed through a global fee, which is an inclusive fee for the services listed above. To receive the global fee, the medical diagnosis, a request from the treating hospital, and a description of the services to be provided must be submitted with the prior authorization request to facilitate an evaluation of medical necessity.

- X2098 Oral screening in an inpatient hospital setting for members scheduled for radiation treatment, chemotherapy, bone marrow transplant, or organ transplant (P.A.) (I.C.)
- X2099 Oral screening in an outpatient hospital setting for members scheduled for radiation treatment, chemotherapy, bone marrow transplant, or organ transplant (P.A.) (I.C.)

624 Service Codes and Descriptions: Surgical Services

See 130 CMR 420.451 for limitations.

Service

Code Service Description

INTEGUMENTARY SYSTEM

SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES

Incision and Drainage

- 10060 Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
- 10061 complicated or multiple
- 10120 Incision and removal of foreign body, subcutaneous tissues; simple
- 10121 complicated
- 10140 Incision and drainage of hematoma, seroma, or fluid collection
- 10160 Puncture aspiration of abscess, hematoma, bulla, or cyst
- 10180 Incision and drainage, complex, postoperative wound infection

Excision—Debridement

- 11010 Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues
- 11011 skin, subcutaneous tissue, muscle fascia, and muscle

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

11012	skin, subcutaneous tissue, muscle fascia, muscle, and bone
11040	Debridement; skin, partial thickness
11041	skin, full thickness
11042	skin and subcutaneous tissue
11043	skin, subcutaneous tissue, and muscle
11044	skin, subcutaneous tissue, muscle, and bone

Biopsy

11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); single lesion
11101	each separate/additional lesion (List separately in addition to code for primary procedure.)

Shaving of Epidermal or Dermal Lesions

11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	lesion diameter 0.6 to 1.0 cm
11312	lesion diameter 1.1 to 2.0 cm
11313	lesion diameter over 2.0 cm

Excision—Benign Lesions

11440	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11441	lesion diameter 0.6 to 1.0 cm
11442	lesion diameter 1.1 to 2.0 cm
11443	lesion diameter 2.1 to 3.0 cm
11444	lesion diameter 3.1 to 4.0 cm
11446	lesion diameter over 4.0 cm

Excision—Malignant Lesions

11640	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.5 cm or less
11641	lesion diameter 0.6 to 1.0 cm
11642	lesion diameter 1.1 to 2.0 cm
11643	lesion diameter 2.1 to 3.0 cm
11644	lesion diameter 3.1 to 4.0 cm
11646	lesion diameter over 4.0 cm

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service
Code Service Description

MISCELLANEOUS

Introduction

11960 Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970 Replacement of tissue expander with permanent prosthesis
11971 Removal of tissue expander(s) without insertion of prosthesis

REPAIR (CLOSURE)

Repair—Simple

12011 Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes;
 2.5 cm or less
12013 2.6 cm to 5.0 cm
12014 5.1 cm to 7.5 cm
12015 7.6 cm to 12.5 cm
12016 12.6 cm to 20.0 cm
12017 20.1 cm to 30.0 cm
12018 over 30.0 cm
12020 Treatment of superficial wound dehiscence; simple closure
12021 with packing

Repair—Intermediate

12051 Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or
 less
12052 2.6 cm to 5.0 cm
12053 5.1 cm to 7.5 cm
12054 7.6 cm to 12.5 cm
12055 12.6 cm to 20.0 cm
12056 20.1 cm to 30.0 cm
12057 over 30.0 cm

Repair—Complex

13131 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 1.1 cm
 to 2.5 cm
13132 2.6 cm to 7.5 cm
13133 each additional 5 cm or less (List separately in addition to code for primary procedure.)
13150 Repair, complex, eyelids, nose, ears, and/or lips; 1.0 cm or less
13151 1.1 cm to 2.5 cm
13152 2.6 cm to 7.5 cm
13153 each additional 5 cm or less (List separately in addition to code for primary procedure.)
13160 Secondary closure of surgical wound or dehiscence, extensive or complicated

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Adjacent Tissue Transfer or Rearrangement

- 14040 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; defect 10 sq cm or less
14041 defect 10.1 sq cm to 30.0 sq cm
14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears, and/or lips; defect 10 sq cm or less
14061 defect 10.1 sq cm to 30.0 sq cm

Free Skin Grafts

- 15000 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children
15120 Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
15121 each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure.)
15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241 each additional 20 sq cm (List separately in addition to code for primary procedure.)
15260 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261 each additional 20 sq cm (List separately in addition to code for primary procedure.)

Flaps (Skin and/or Deep Tissues)

- 15570 Formation of direct or tubed pedicle, with or without transfer; trunk
15572 scalp, arms, or legs
15574 forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, or feet
15576 eyelids, nose, ears, lips, or intraoral
15620 Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15630 at eyelids, nose, ears, or lips
15732 Muscle, myocutaneous, or fasciocutaneous flap; head and neck (e.g., temporalis, masseter muscle, sternocleidomastoid, levator scapulae)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Other Flaps and Grafts

15770 Graft; derma-fat-fascia

Other Procedures

15819 Cervicoplasty
15820 Blepharoplasty, lower eyelid (P.A.)
15821 with extensive herniated fat pad (P.A.)
15822 Blepharoplasty, upper eyelid; (P.A.)
15823 with excessive skin weighting down lid (P.A.)
15840 Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841 free muscle graft (including obtaining graft)
15842 free muscle flap by microsurgical technique
15845 regional muscle transfer

Burns, Local Treatment

16000 Initial treatment, first degree burn, when no more than local treatment is required

DESTRUCTION

Destruction, Benign or Premalignant Lesions

17000 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement),
all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous
vascular proliferative lesions; first lesion
17003 second through 14 lesions, each (List separately in addition to code for first lesion.)
17004 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement),
all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous
vascular proliferative lesions; 15 or more lesions
17106 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm

Destruction, Malignant Lesions, Any Method

17280 Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery,
surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5
cm or less
17281 lesion diameter 0.6 to 1.0 cm
17282 lesion diameter 1.1 to 2.0 cm
17283 lesion diameter 2.1 to 3.0 cm

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

17284 lesion diameter 3.1 to 4.0 cm

17286 lesion diameter over 4.0 cm

Other Procedures

17999 Unlisted procedure, skin, mucous membrane, and subcutaneous tissue (I.C.)

MUSCULOSKELETAL SYSTEM

GENERAL

Incision

20000 Incision of soft tissue abscess (e.g., secondary to osteomyelitis); superficial

20005 deep or complicated

Excision

20200 Biopsy, muscle; superficial

20205 deep

20206 Biopsy, muscle, percutaneous needle

20220 Biopsy, bone, trocar, or needle; superficial (e.g., ilium, sternum, spinous process, ribs)

20240 Biopsy, bone, excisional; superficial (e.g., ilium, sternum, spinous process, ribs, trochanter of femur)

20245 deep (e.g., humerus, ischium, femur)

Introduction or Removal

20520 Removal of foreign body in muscle or tendon sheath; simple

20525 deep or complicated

20605 Arthrocentesis, aspiration and/or injection; intermediate joint, bursa or ganglion cyst (e.g., temporomandibular, acromioclavicular, wrist, elbow, or ankle, olecranon bursa)

20615 Aspiration and injection for treatment of bone cyst

20670 Removal of implant; superficial (e.g., buried wire, pin, or rod) (separate procedure)

20680 deep (e.g., buried wire, pin, screw, metal band, nail, rod, or plate)

20690 Application of a uniplane (pins or wires in one plane), unilateral, external fixation system

20692 Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (e.g., Ilizarov, Monticelli type)

20693 Adjustment or revision of external fixation system requiring anesthesia (e.g., new pin(s) or wire(s) and/or new ring(s) or bar(s))

20694 Removal, under anesthesia, of external fixation system

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Grafts (or Implants)

20900 Bone graft, any donor area; minor or small (e.g., dowel or button)
20902 major or large
20910 Cartilage graft; costochondral
20912 nasal septum
20920 Fascia lata graft; by stripper
20922 by incision and area exposure, complex or sheet
20924 Tendon graft, from a distance (e.g., palmaris, toe extensor, plantaris)
20926 Tissue grafts, other (e.g., paratenon, fat, dermis)

Other Procedures

20955 Bone graft with microvascular anastomosis; fibula
20956 iliac crest
20962 other than fibula, iliac crest, or metatarsal
20969 Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or
great toe (I.C.)
20970 iliac crest
20999 Unlisted procedure, musculoskeletal system, general (I.C.)

HEAD

Incision

21010 Arthrotomy, temporomandibular joint

Excision

21015 Radical resection of tumor (e.g., malignant neoplasm), soft tissue of face or scalp
21025 Excision of bone (e.g., for osteomyelitis or bone abscess); mandible
21026 facial bone(s)
21029 Removal by contouring of benign tumor of facial bone (e.g., fibrous dysplasia) (P.A.)
21030 Excision of benign tumor or cyst of facial bone other than mandible
21031 Excision of torus mandibularis
21032 Excision of maxillary torus palatinus
21034 Excision of malignant tumor of facial bone other than mandible
21040 Excision of benign cyst or tumor of mandible; simple
21041 complex
21044 Excision of malignant tumor of mandible
21045 radical resection

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

- 21050 Condylectomy, temporomandibular joint (separate procedure)
21060 Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070 Coronoidectomy (separate procedure)

Introduction or Removal

- 21076 Impression and custom preparation; surgical obturator prosthesis
21077 orbital prosthesis
21079 interim obturator prosthesis (P.A.) (I.C.)
21080 definitive obturator prosthesis (P.A.) (I.C.)
21081 mandibular resection prosthesis (P.A.) (I.C.)
21082 palatal augmentation prosthesis (P.A.) (I.C.)
21083 palatal lift prosthesis (P.A.) (I.C.)
21084 speech aid prosthesis (P.A.) (I.C.)
21085 oral surgical splint (P.A.) (I.C.)
21086 auricular prosthesis (P.A.) (I.C.)
21087 nasal prosthesis (P.A.) (I.C.)
21088 facial prosthesis (P.A.) (I.C.)
21089 Unlisted maxillofacial prosthetic procedure (P.A.) (I.C.)
21100 Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110 Application of interdental fixation device for conditions other than fracture or dislocation, includes removal (I.C.)
21116 Injection procedure for temporomandibular joint arthrography

Repair, Revision, and/or Reconstruction

- 21137 Reduction forehead; contouring only (P.A.)
21138 contouring and application of prosthetic material or bone graft (includes obtaining autograft) (P.A.)
21139 contouring and setback of anterior frontal sinus wall (P.A.)
21141 Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft (P.A.)
21142 two pieces, segment movement in any direction, without bone graft
21143 three or more pieces, segment movement in any direction, without bone graft
21145 single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (P.A.)
21146 two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft) (P.A.)
21147 three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies) (P.A.)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome) (P.A.)
21151	any direction, requiring bone grafts (includes obtaining autografts) (P.A.)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I (P.A.)
21155	with LeFort I (P.A.)
21159	Reconstruction midface, LeFort III (extra- and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I (P.A.)
21160	with LeFort I (P.A.)
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts) (P.A.)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) (P.A.)
21181	Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183	total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184	total area of bone grafting greater than 80 sq cm
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts) (P.A.)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft (P.A.)
21194	with bone graft (includes obtaining graft) (P.A.)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation (P.A.)
21196	with internal rigid fixation (P.A.)
21198	Osteotomy, mandible, segmental (P.A.)
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard) (P.A.)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) (P.A.)
21209	reduction (P.A.)
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) (P.A.)
21215	mandible (includes obtaining graft) (P.A.)
21230	Graft; rib cartilage, autogenous, to face, chin, nose, or ear (includes obtaining graft) (P.A.)
21235	ear cartilage, autogenous, to nose or ear (includes obtaining graft) (P.A.)
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) (P.A.)
21242	Arthroplasty, temporomandibular joint, with allograft (P.A.)
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement (P.A.)
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate) (P.A.)
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia) (P.A.)
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts) (P.A.)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach (P.A.)
21261	combined intra- and extracranial approach (P.A.)
21263	with forehead advancement (P.A.)
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach (P.A.)
21268	combined intra- and extracranial approach (P.A.)
21270	Malar augmentation, prosthetic material (P.A.)
21275	Secondary revision of orbitocraniofacial reconstruction (P.A.)
21280	Medial canthopexy (separate procedure) (P.A.)
21282	Lateral canthopexy (P.A.)
21295	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach (P.A.)
21296	intraoral approach (P.A.)

Other Procedures

21299	Unlisted craniofacial and maxillofacial procedure (P.A.) (I.C.)
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Fracture and/or Dislocation

21300	Closed treatment of skull fracture without operation
21310	Closed treatment of nasal bone fracture without manipulation
21315	Closed treatment of nasal bone fracture; without stabilization
21320	with stabilization
21325	Open treatment of nasal fracture; uncomplicated
21330	complicated, with internal and/or external skeletal fixation
21335	with concomitant open treatment of fractured septum
21336	Open treatment of nasal septal fracture, with or without stabilization
21337	Closed treatment of nasal septal fracture, with or without stabilization
21338	Open treatment of nasoethmoid fracture; without external fixation
21339	with external fixation
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire, or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343	Open treatment of depressed frontal sinus fracture
21344	Open treatment of complicated (e.g., comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	requiring multiple open approaches
21348	with bone grafting (includes obtaining graft)
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	Open treatment of depressed zygomatic arch fracture (e.g., Gillies approach)
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21366	with bone grafting (includes obtaining graft)
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386	periorbital approach
21387	combined approach
21390	periorbital approach, with alloplastic or other implant
21395	periorbital approach with bone graft (includes obtaining graft)
21400	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	with manipulation
21406	Open treatment of fracture of orbit, except blowout; without implant
21407	with implant
21408	with bone grafting (includes obtaining graft)
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	Open treatment of palatal or maxillary fracture (LeFort I type)
21423	complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	complicated (e.g., comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	complicated, utilizing internal and/or external fixation techniques (e.g., head cap, halo device, and/or intermaxillary fixation)
21436	complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	Closed treatment of mandibular fracture; without manipulation
21451	with manipulation
21452	Percutaneous treatment of mandibular fracture, with external fixation
21453	Closed treatment of mandibular fracture with interdental fixation

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

21454	Open treatment of mandibular fracture with external fixation
21461	Open treatment of mandibular fracture; without interdental fixation
21462	with interdental fixation
21465	Open treatment of mandibular condylar fracture
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	complicated (e.g., recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	Open treatment of temporomandibular dislocation
21493	Closed treatment of hyoid fracture; without manipulation
21494	with manipulation
21495	Open treatment of hyoid fracture
21497	Interdental wiring, for condition other than fracture

Other Procedures

21499	Unlisted musculoskeletal procedure, head (I.C.)
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ARTHROSCOPY

29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure) (P.A.) (I.C.)
29804	Arthroscopy, temporomandibular joint, surgical (P.A.) (I.C.)
29999	Unlisted procedure, arthroscopy

RESPIRATORY SYSTEM

NOSE

Excision

30130	Excision turbinate, partial or complete, any method
30140	Submucous resection turbinate, partial or complete, any method

Repair

30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included) (I.C.)
30600	oronasal

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service
Code

Service Description

Other Procedures

30901 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30903 Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30905 Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30906 subsequent
30999 Unlisted procedure, nose

ACCESSORY SINUSES

Incision

31000 Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
31020 Sinusotomy, maxillary (antrotomy); intranasal
31030 radical (Caldwell-Luc) without removal of antrochoanal polyps
31032 radical (Caldwell-Luc) with removal of antrochoanal polyps

Excision

31225 Maxillectomy; without orbital exenteration

Endoscopy

31233 Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31256 Nasal/sinus endoscopy, surgical, with maxillary antrostomy
31267 with removal of tissue from maxillary sinus
31290 Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
31292 Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
31293 with medial orbital wall and inferior orbital wall decompression
31294 with optic nerve decompression

Other Procedures

31299 Unlisted procedure, accessory sinuses (I.C.)

LARYNX

Introduction

31500 Intubation, endotracheal, emergency procedure
31502 Tracheotomy tube change prior to establishment of fistula tract

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

TRACHEA AND BRONCHI

Incision

31600 Tracheostomy, planned (separate procedure)
31603 Tracheostomy, emergency procedure; transtracheal
31605 cricothyroid membrane

HEMIC AND LYMPHATIC SYSTEMS

LYMPH NODES AND LYMPHATIC CHANNELS

Excision

38500 Biopsy or excision of lymph node(s); open, superficial
38505 by needle, superficial (e.g., cervical, inguinal, axillary)
38510 open, deep cervical node(s)

DIGESTIVE SYSTEM

LIPS

Excision

40490 Biopsy of lip
40500 Vermilionectomy (lip shave), with mucosal advancement
40510 Excision of lip; transverse wedge excision with primary closure
40520 V-excision with primary direct linear closure
40525 full thickness, reconstruction with local flap (e.g., Estlander or fan)
40527 full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530 Resection of lip, more than one-fourth, without reconstruction

Repair (Cheiloplasty)

40650 Repair lip, full thickness; vermilion only
40652 up to half vertical height
40654 over one-half vertical height, or complex
40700 Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701 primary bilateral, one stage procedure
40702 primary bilateral, one of two stages
40720 secondary, by recreation of defect and reclosure (P.A.)
40761 with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle (P.A.)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Other Procedures

40799 Unlisted procedure, lips (I.C.)

VESTIBULE OF MOUTH

Incision

40800 Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801 complicated
40804 Removal of embedded foreign body, vestibule of mouth; simple
40805 complicated
40806 Incision of labial frenum (frenotomy)

Excision, Destruction

40808 Biopsy, vestibule of mouth
40810 Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812 with simple repair
40814 with complex repair
40816 complex, with excision of underlying muscle
40818 Excision of mucosa of vestibule of mouth as donor graft
40819 Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)
40820 Destruction of lesion or scar of vestibule of mouth by physical methods (e.g., laser, thermal, cryo, chemical)

Repair

40830 Closure of laceration, vestibule of mouth; 2.5 cm or less
40831 over 2.5 cm or complex
40840 Vestibuloplasty; anterior (P.A.)
40842 posterior, unilateral (P.A.)
40843 posterior, bilateral (P.A.)
40844 entire arch (P.A.)
40845 complex (including ridge extension, muscle repositioning) (P.A.)

Other Procedures

40899 Unlisted procedure, vestibule of mouth (I.C.)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

TONGUE AND FLOOR OF MOUTH

Incision

41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005	sublingual, superficial
41006	sublingual, deep, supramylohyoid
41007	submental space
41008	submandibular space
41009	masticator space
41010	Incision of ligual frenum (frenotomy)
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	submental
41017	submandibular
41018	masticator space

Excision

41100	Biopsy of tongue; anterior two-thirds
41105	posterior one-third
41108	Biopsy of floor of mouth
41110	Excision of lesion of tongue without closure
41112	Excision of lesion of tongue with closure; anterior two-thirds
41113	posterior one-third
41114	with local tongue flap
41115	Excision of lingual frenum (frenectomy)
41116	Excision, lesion of floor of mouth
41120	Glossectomy; less than one-half tongue
41130	hemiglossectomy
41135	partial, with unilateral radical neck dissection
41140	complete or total, with or without tracheostomy, without radical neck dissection
41145	complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150	composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153	composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155	composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Repair

- 41250 Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251 posterior one-third of tongue
41252 Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex

Other Procedures

- 41500 Fixation of tongue, mechanical, other than suture (e.g., K-wire)
41510 Suture of tongue to lip for micrognathia (Douglas type procedure)
41520 Frenoplasty (surgical revision of frenum, e.g., with Z-plasty)
41599 Unlisted procedure, tongue, floor of mouth (I.C.)

DENTOALVEOLAR STRUCTURES

Incision

- 41800 Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805 Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806 bone

Excision, Destruction

- 41820 Gingivectomy, excision gingiva, each quadrant (P.A.) (I.C.)
41821 Operculectomy, excision pericoronal tissues
41822 Excision of fibrous tuberosities, dentoalveolar structures
41823 Excision of osseous tuberosities, dentoalveolar structures
41825 Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826 with simple repair
41827 with complex repair
41828 Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830 Alveolectomy, including curettage of osteitis or sequestrectomy
41850 Destruction of lesion (except excision), dentoalveolar structures (I.C.)

Other Procedures

- 41874 Alveoloplasty, each quadrant (specify)
41899 Unlisted procedure, dentoalveolar structures (I.C.)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

PALATE AND UVULA

Incision

42000 Drainage of abscess of palate, uvula

Excision, Destruction

42100 Biopsy of palate, uvula

42104 Excision, lesion of palate, uvula; without closure

42106 with simple primary closure

42107 with local flap closure

42120 Resection of palate or extensive resection of lesion

42140 Uvulectomy, excision of uvula (P.A.)

42145 Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty) (P.A.)

42160 Destruction of lesion, palate or uvula (thermal, cryo, or chemical)

Repair

42180 Repair, laceration of palate; up to 2 cm

42182 over 2 cm or complex

42200 Palatoplasty for cleft palate, soft and/or hard palate only

42205 Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only

42210 with bone graft to alveolar ridge (includes obtaining graft)

42215 Palatoplasty for cleft palate; major revision

42220 secondary lengthening procedure

42225 attachment pharyngeal flap

42226 Lengthening of palate, and pharyngeal flap

42227 Lengthening of palate, with island flap

42235 Repair of anterior palate, including vomer flap

42260 Repair of nasolabial fistula

42280 Maxillary impression for palatal prosthesis (P.A.)

42281 Insertion of pin-retained palatal prosthesis (P.A.)

Other Procedures

42299 Unlisted procedure, palate, uvula (I.C.)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

SALIVARY GLAND AND DUCTS

Incision

- 42300 Drainage of abscess; parotid, simple
- 42305 parotid, complicated
- 42310 Drainage of abscess; submaxillary or sublingual, intraoral
- 42320 submaxillary, external
- 42325 Fistulization of sublingual salivary cyst (ranula);
- 42326 with prosthesis
- 42330 Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
- 42335 submandibular (submaxillary), complicated, intraoral
- 42340 parotid, extraoral or complicated intraoral

Excision

- 42400 Biopsy of salivary gland; needle
- 42405 incisional
- 42408 Excision of sublingual salivary cyst (ranula)
- 42409 Marsupialization of sublingual salivary cyst (ranula)
- 42410 Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
- 42415 lateral lobe, with dissection and preservation of facial nerve
- 42420 total, with dissection and preservation of facial nerve
- 42425 total, en bloc removal with sacrifice of facial nerve
- 42440 Excision of submandibular (submaxillary) gland
- 42450 Excision of sublingual gland

Repair

- 42500 Plastic repair of salivary duct, sialodochoplasty; primary or simple
- 42505 secondary or complicated
- 42507 Parotid duct diversion, bilateral (Wilke type procedure);
- 42508 with excision of one submandibular gland
- 42509 with excision of both submandibular glands
- 42510 with ligation of both submandibular (Wharton's) ducts

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Other Procedures

42550 Injection procedure for sialography
42600 Closure salivary fistula
42650 Dilation salivary duct
42660 Dilation and catheterization of salivary duct, with or without injection
42665 Ligation salivary duct, intraoral
42699 Unlisted procedure, salivary glands or ducts (I.C.)

PHARYNX, ADENOIDS, AND TONSILS

Incision

42700 Incision and drainage abscess; peritonsillar
42720 retropharyngeal or parapharyngeal, intraoral approach
42725 retropharyngeal or parapharyngeal, external approach

Excision, Destruction

42800 Biopsy; oropharynx
42802 hypopharynx
42804 nasopharynx, visible lesion, simple
42806 nasopharynx, survey for unknown primary lesion
42808 Excision or destruction of lesion of pharynx, any method
42809 Removal of foreign body from pharynx
42810 Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815 Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42842 Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844 closure with local flap (e.g., tongue, buccal)
42845 closure with other flap
42860 Excision of tonsil tags
42870 Excision or destruction lingual tonsil, any method (separate procedure)

Repair

42900 Suture pharynx for wound or injury

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Other Procedures

- 42960 Control oropharyngeal hemorrhage, primary or secondary (e.g., post-tonsillectomy); simple
42961 complicated, requiring hospitalization
42962 with secondary surgical intervention
42970 Control of nasopharyngeal hemorrhage, primary or secondary (e.g., post-adenoidectomy); simple,
with posterior nasal packs, with or without anterior packs and/or cautery
42971 complicated, requiring hospitalization
42972 with secondary surgical intervention
42999 Unlisted procedure, pharynx, adenoids, or tonsils (I.C.)

NERVOUS SYSTEM

EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND AUTONOMIC NERVOUS SYSTEM

Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic and Therapeutic

Somatic Nerves

- 64400 Injection, anesthetic agent; trigeminal nerve, any division or branch

Destruction by Neurolytic Agent (e.g., Chemical, Thermal, Electrical, Radiofrequency, or Chemodenervation)

Somatic Nerves

- 64600 Destruction by neurolytic agent, trigeminal nerve, supraorbital, infraorbital, mental, or inferior alveolar branch

Neuroplasty (Exploration, Neurolysis or Nerve Decompression)

- 64722 Decompression, unspecified nerve(s) (specify)
64727 Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)

Transection or Avulsion

- 64732 Transection or avulsion of; supraorbital nerve
64734 infraorbital nerve
64736 mental nerve
64738 inferior alveolar nerve by osteotomy
64740 lingual nerve

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Neurorrhaphy

64864 Suture of facial nerve; extracranial

Neurorrhaphy with Nerve Graft

64885 Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length

Other Procedures

64999 Unlisted procedure, nervous system (I.C.)

OPERATING MICROSCOPE

69990 Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure.)

625 Service Codes and Descriptions: Radiology Services

The following service codes are reimbursable only when performed in an office location.

DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)

HEAD AND NECK

70100 Radiologic examination, mandible; partial, less than four views

70110 complete, minimum of four views

70140 Radiologic examination, facial bones; less than three views

70150 complete, minimum of three views

70160 Radiologic examination, nasal bones, complete, minimum of three views

70210 Radiologic examination, sinuses, paranasal, less than three views

70220 Radiologic examination, sinuses, paranasal, complete, minimum of three views

70240 Radiologic examination, sella turcica

70328 Radiologic examination, temporomandibular joint, open and closed mouth; unilateral

70330 bilateral

70360 Radiologic examination; neck, soft tissue

70380 Radiologic examination, salivary gland for calculus

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Current Procedural Terminology (CPT) code book.

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